

CLAIMS ONLY						Application Number 09/187,866	Filing Date				
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51.				
2	X						52.				
3		X					53.				
4							54.				
5							55.				
6							56.				
7	X						57.				
8	X						58.				
9							59.				
10	X						60.				
11							61.				
12							62.				
13							63.				
14							64.				
15							65.				
16							66.				
17							67.				
18							68.				
19							69.				
20							70.				
21							71.				
22							72.				
23							73.				
24							74.				
25							75.				
26							76.				
27							77.				
28							78.				
29							79.				
30							80.				
31							81.				
32							82.				
33							83.				
34							84.				
35		X					85.				
36	X						86.				
37			X				87.				
38				X			88.				
39					X		89.				
40						X	90.				
41							91.				
42							92.				
43							93.				
44							94.				
45							95.				
46							96.				
47							97.				
48							98.				
49							99.				
50							100.				
Total Indep							Total Indep	5			
Total Depend							Total Depend	25			
Total Claims							Total Claims	30			